

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	METHOD AND APPARATUS FOR DETERMINING A DORSIFLEXION ANGLE
Attorney Docket Number::	60019620-0228
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	9
Total Drawing Sheets::	8
Small Entity?::	Yes
Secrecy Order in Parent?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jack
Middle Name::	
Family Name::	Engsberg
City of Residence::	Eureka
State or Province of Residence::	MO
Country of Residence::	US
Street of Mailing Address::	9 North Trail
City of Mailing Address::	Eureka
State or Province of Mailing Address::	MO
Postal Code of Mailing Address::	63025

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kelly

Middle Name:: Jean
Family Name:: King-Ellison
City of Residence:: Minneapolis
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 545 North First Street, Unit 141
City of Mailing Address:: Minneapolis
State or Province of Mailing
Address:: MN
Postal Code of Mailing Address:: 55401

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nathaniel
Middle Name:: E.
Family Name:: Hawkins
City of Residence:: Lake Hiawatha
State or Province of Residence:: NJ
Country of Residence:: US
Street of Mailing Address:: 10A Mara Road
City of Mailing Address:: Lake Hiawatha
State or Province of Mailing
Address:: NJ
Postal Code of Mailing Address:: 07034

Correspondence Information

Correspondence Customer Number:: 26263

Assignee Information

Assignee Name:: Barnes-Jewish Hospital